SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 12 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996 mw8 11-14-96

DOCUMENT # P95000025391 (0)

1. Corporation Name
VRINDAVAN R.M.V., INC.

Principal Place of Business	Mailing Address
1581 BRICKELL AVE., #803 MIAMI FL 33129	1581 BRICKELL AVE., #803 MIAMI FL 33129

3. Date Incorporated or Qualified: 03/30/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 2209 Ponce De Leon Blvd
22 Suite, Apt. #, etc.:
23 City & State: Coral Gables, FL
24 Zip: 33134
25 Country: U.S.A.

2a. Mailing Address
26: 2209 Ponce De Leon Blvd
27 Suite, Apt. #, etc.:
28 City & State: Coral Gables, FL
29 Zip: 33134
30 Country: U.S.A.

4. FEI Number: 65-0508025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FALCONI, RAFAEL A
1581 BRICKELL AVE., #803
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X [signature] 11/07/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	FALCONI, RAFAEL A		1.2 NAME	
STREET ADDRESS	1581 BRICKELL AVE., #803		1.3 STREET ADDRESS	520 Brickell Key Dr. #1710
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	600002006296 ☐ Addition
NAME			3.2 NAME	-11/15/96--01086--019
STREET ADDRESS			3.3 STREET ADDRESS	****375.00 ****375.00
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE REQUIRED 9/10/96 3037476233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #